

<i>SERFF Tracking Number:</i>	<i>META-126510636</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44940</i>
<i>Company Tracking Number:</i>	<i>G10-02</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>Group Long-Term Care Insurance Advertising/G10-02</i>		

## Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Long-Term Care Insurance Advertising      SERFF Tr Num: META-126510636      State: Arkansas

TOI: LTC03G Group Long Term Care      SERFF Status: Closed-Filed      State Tr Num: 44940

Sub-TOI: LTC03G.001 Qualified      Co Tr Num: G10-02      State Status: Closed

Filing Type: Advertisement      Reviewer(s): Marie Bennett

Author: Cherise Crittenden      Disposition Date: 03/08/2010

Date Submitted: 02/22/2010      Disposition Status: Filed

Implementation Date Requested: On Approval      Implementation Date:

State Filing Description:

## General Information

Project Name: Group Long-Term Care Insurance Advertising

Project Number: G10-02

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/08/2010

Deemer Date:

Submitted By: Cherise Crittenden

Filing Description:

February 20, 2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 03/08/2010

Created By: Cherise Crittenden

Corresponding Filing Tracking Number:

Commissioner of Insurance

Arkansas Department of Insurance

1200 West 3rd St.

Little Rock, AR 72201-1904

Re: Metropolitan Life Insurance Company ("MetLife")

Individual Long-Term Care Insurance Advertising

SERFF Tracking Number: META-126510636 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 44940  
Company Tracking Number: G10-02  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group Long-Term Care Insurance Advertising  
Project Name/Number: Group Long-Term Care Insurance Advertising/G10-02  
NAIC No. 65978 - FEIN No. 13-5581829  
MetLife Company Filing No. G10-02

Advertising Form Number Brief Description of Advertising Material

ADF#1849.07(Rev.12/09) Helping Hand Admin Text/Blurb  
ADF#1850.07(Rev.12/09) Consequences Admin Text/Blurb  
ADF#1851.07(Rev.12/09) Age 29 or 92 Admin Text/Blurb  
ADF#1852.07(Rev.12/09) Caregiver Dilemma Text/Blurb

Dear Sir/Madam

We enclose for filing electronic copies of the group long-term care advertising materials described below. The material are intended for use with group long-term care policy forms G.LTC197 approved by your Department September 28, 1998, policy form G.LTC1597 approved by your Department September 1, 1998, and policy form GPNP99-LTC approved by your Department February 22, 2000.

The advertising materials are new and do not replace materials previously filed with your Department.

We consider the material Invitation to Inquire advertisement.

This electronic submission includes the following:

- the advertisement
- the NAIC form
- an explanation of variables identifying how the variable material will be modified
- this letter
- See the EFT Transmittal for the \$50.00 filing fee.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

## Company and Contact

### Filing Contact Information

Cherise Crittenden, Consultant-Compliance cccrittenden@metlife.com  
MKTG  
57 Green Farms Road 203-221-6594 [Phone]  
Westport, CT 06880

SERFF Tracking Number: META-126510636 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 44940  
Company Tracking Number: G10-02  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group Long-Term Care Insurance Advertising  
Project Name/Number: Group Long-Term Care Insurance Advertising/G10-02

### Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
MetLife	Group Code: -99	Company Type: Life
1095 Avenue of the Americas	Group Name:	State ID Number:
New York, NY 10036-6796	FEIN Number: 13-5581829	
(212) 578-2211 ext. [Phone]		

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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	No
Fee Explanation:	\$50.00 per adv x 4 = \$200.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$200.00	02/22/2010	34349469

<i>SERFF Tracking Number:</i>	<i>META-126510636</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44940</i>
<i>Company Tracking Number:</i>	<i>G10-02</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>Group Long-Term Care Insurance Advertising/G10-02</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Marie Bennett	03/08/2010	03/08/2010

<i>SERFF Tracking Number:</i>	<i>META-126510636</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44940</i>
<i>Company Tracking Number:</i>	<i>G10-02</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>Group Long-Term Care Insurance Advertising/G10-02</i>		

## Disposition

Disposition Date: 03/08/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>META-126510636</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44940</i>
<i>Company Tracking Number:</i>	<i>G10-02</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>Group Long-Term Care Insurance Advertising/G10-02</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Cover Letter		Yes
<b>Supporting Document</b>	NAIC form		Yes
<b>Supporting Document</b>	Advertising Material Highlighted versions		Yes
<b>Supporting Document</b>	Explanation of variables		Yes
<b>Form</b>	Helping Hand Admin Text/Blurb		Yes
<b>Form</b>	Consequences Admin Text/Blurb		Yes
<b>Form</b>	Age 29 or 92 Admin Text/Blurb		Yes
<b>Form</b>	Caregiver Dilemma Text/Blurb		Yes

SERFF Tracking Number: META-126510636 State: Arkansas

Filing Company: Metropolitan Life Insurance Company State Tracking Number: 44940

Company Tracking Number: G10-02

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Group Long-Term Care Insurance Advertising

Project Name/Number: Group Long-Term Care Insurance Advertising/G10-02

## Form Schedule

### Lead Form Number: ADF#1849.07(Rev.1209)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ADF#1849.07(Rev.12/09)	Advertising	Helping Hand Admin Text/Blurb	Initial		0.000	ADF#1849.07_Rev.1209_Helping Hand.pdf
	ADF#1850.07(Rev.12/09)	Advertising	Consequences Admin Text/Blurb	Initial		0.000	ADF#1850.07_Rev.1209_Consequences.pdf
	ADF#1851.07(Rev.12/09)	Advertising	Age 29 or 92 Admin Text/Blurb	Initial		0.000	ADF#1851.07_Rev.1209_Age 29 or 92.pdf
	ADF#1852.07(Rev.12/09)	Advertising	Caregiver Dilemma Text/Blurb	Initial		0.000	ADF#1852.07_Rev.1209_Caregiver Dilemma.pdf

## Helping Hand

The possibility of needing long-term care services is something we all face, regardless of age. To some, the decision to ask for help can be just as unpleasant as the prospect of needing care. Long-term care insurance can provide a much needed helping hand to your loved ones: lessening the strain without sacrificing your life savings or control over your care. With MetLife Group Long-Term Care Insurance, you can feel assured that you've taken steps to prepare for whatever uncertainties the future holds. It may be one of the easiest decisions you'll ever face. For more information, please **1** **2** [\[\[call 1-800-438-6388\]](tel:1-800-438-6388) [\[or\] visit us online at \[www.metlife.com/mybenefits\]](http://www.metlife.com/mybenefits) [\[click here for more information\].\]](#)

Like most group long-term care insurance policies, Metropolitan Life Insurance Company ("MetLife") group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping coverage in force. This coverage is guaranteed renewable. This means that once coverage (a certificate) is issued, its premiums will increase only as a result of an increase made on a class basis. Coverage may not be cancelled due to your individual age or a change in health. Call MetLife at 1-800-438-6388 for cost and complete details. Group Long-Term Care Insurance Policy Form Numbers: G.LTC197, G.LTC1597, GPNP99-LTC or G.LTC5798. In some states, coverage may be offered by an above-referenced policy number followed by a revised edition date; the state's 2-letter abbreviation; and/or the state's 2-letter abbreviation plus a revised edition date. Metropolitan Life Insurance Company, New York, New York 10166.



## Consequences

Americans are living longer lives, but living longer may also mean there is a greater likelihood of developing a chronic condition that requires assistance with day-to-day activities. Having the financial resources to pay for care is just one of the many challenges you may have to confront. The MetLife Group Long-Term Care Insurance Plan can help you prepare for the future, and help protect your family and retirement savings from the consequences of needing long-term care. For more information,

- 1 please [\[call 1-800-438-6388\]](tel:1-800-438-6388) [\[or\] visit us online at \[www.metlife.com/mybenefits\]](http://www.metlife.com/mybenefits)
- 2 [\[click here for more information\].](#)

Like most group long-term care insurance policies, Metropolitan Life Insurance Company ("MetLife") group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping coverage in force. This coverage is guaranteed renewable. This means that once coverage (a certificate) is issued, its premiums will increase only as a result of an increase made on a class basis. Coverage may not be cancelled due to your individual age or a change in health. Call MetLife at 1-800-438-6388 for cost and complete details. Group Long-Term Care Insurance Policy Form Numbers: G.LTC197, G.LTC1597, GPNP99-LTC or G.LTC5798. In some states, coverage may be offered by an above-referenced policy number followed by a revised edition date; the state's 2-letter abbreviation; and/or the state's 2-letter abbreviation plus a revised edition date. Metropolitan Life Insurance Company, New York, New York 10166.

## Age 29 or 92

Would you expect your friends or family to pay to replace your car if you were in an accident? Probably not, that's why you have car insurance. So why would you expect your loved ones to assume the cost if you needed long-term care services as a result of that accident? Long-term care needs are not covered by medical or disability insurance, and an illness or accident that requires this type of care can happen without warning, whether you're age 29 or 92. Protect yourself and your loved ones from the consequences of possibly needing long-term care services. To [apply for] MetLife's Group Long-Term Care Insurance plan or for more information, please [[call 1-800-438-6388] [or] visit us online at [www.metlife.com/mybenefits] [click here for more information].]

Like most group long-term care insurance policies, Metropolitan Life Insurance Company ("MetLife") group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping coverage in force. This coverage is guaranteed renewable. This means that once coverage (a certificate) is issued, its premiums will increase only as a result of an increase made on a class basis. Coverage may not be cancelled due to your individual age or a change in health. Call MetLife at 1-800-438-6388 for cost and complete details. Group Long-Term Care Insurance Policy Form Numbers: G.LTC197, G.LTC1597, GPNP99-LTC or G.LTC5798. In some states, coverage may be offered by an above-referenced policy number followed by a revised edition date; the state's 2-letter abbreviation; and/or the state's 2-letter abbreviation plus a revised edition date. Metropolitan Life Insurance Company, New York, New York 10166.

## Caregiver Dilemma

Millions of Americans struggle to balance their responsibilities on the job and at home while caring for an adult family member or friend. If you have ever experienced a caregiving situation, either yourself or through someone else, you can appreciate the challenges that present themselves. Having MetLife Group Long-Term Care Insurance can make all the difference to you and your caregivers. For more information, please

1  
2 [\[\[call 1-800-438-6388\]](tel:1-800-438-6388) [\[or\] visit us online at \[www.metlife.com/mybenefits\]](http://www.metlife.com/mybenefits) [\[click here for more information\].\]](#)

Like most group long-term care insurance policies, Metropolitan Life Insurance Company ("MetLife") group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping coverage in force. This coverage is guaranteed renewable. This means that once coverage (a certificate) is issued, its premiums will increase only as a result of an increase made on a class basis. Coverage may not be cancelled due to your individual age or a change in health. Call MetLife at 1-800-438-6388 for cost and complete details. Group Long-Term Care Insurance Policy Form Numbers: G.LTC197, G.LTC1597, GPNP99-LTC or G.LTC5798. In some states, coverage may be offered by an above-referenced policy number followed by a revised edition date; the state's 2-letter abbreviation; and/or the state's 2-letter abbreviation plus a revised edition date. Metropolitan Life Insurance Company, New York, New York 10166.

SERFF Tracking Number:	META-126510636	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company	State Tracking Number:	44940
Company Tracking Number:	G10-02		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long-Term Care Insurance Advertising		
Project Name/Number:	Group Long-Term Care Insurance Advertising/G10-02		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b>	Cover Letter	
<b>Comments:</b>		
<b>Attachment:</b>		
AR_Cover Letter.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b>	NAIC form	
<b>Comments:</b>		
<b>Attachment:</b>		
AR _ NAIC__Group.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b>	Advertising Material Highlighted versions	
<b>Comments:</b>		
<b>Attachments:</b>		
ADF#1849.07_Rev.1209_Helping Hand - Highlighted.pdf		
ADF#1850.07_Rev.1209_Consequences - Highlighted.pdf		
ADF#1851.07_Rev.1209_Age 29 or 92 - Highlighted.pdf		
ADF#1852.07_Rev.1209_Caregiver Dilemma - Highlighted.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b>	Explanation of variables	
<b>Comments:</b>		
<b>Attachments:</b>		
EOV ADF#1849.07_Rev.1209_Helping Hand.pdf		
EOV ADF#1850.07_Rev.1209_Consequences.pdf		
EOV ADF#1851.07_Rev.1209_Age 29 or 92.pdf		

<i>SERFF Tracking Number:</i>	<i>META-126510636</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44940</i>
<i>Company Tracking Number:</i>	<i>G10-02</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>Group Long-Term Care Insurance Advertising/G10-02</i>		

EOV ADF#1852.07\_Rev.1209\_Caregiver Dilemma.pdf

Metropolitan Life Insurance Company  
57 Greens Farms Road, Westport, CT 06880  
Tel 203 221-6594 Fax 203 221-6573  
ccrittenden@metlife.com



**Cherise Crittenden**  
Long-Term Care

February 20, 2010

Commissioner of Insurance  
Arkansas Department of Insurance  
1200 West 3<sup>rd</sup> St.  
Little Rock, AR 72201-1904

Re: **Metropolitan Life Insurance Company ("MetLife")**  
Individual Long-Term Care Insurance Advertising  
NAIC No. 65978 - FEIN No. 13-5581829  
MetLife Company Filing No. **G10-02**

Advertising Form Number	Brief Description of Advertising Material
ADF#1849.07(Rev.12/09)	Helping Hand Admin Text/Blurb
ADF#1850.07(Rev.12/09)	Consequences Admin Text/Blurb
ADF#1851.07(Rev.12/09)	Age 29 or 92 Admin Text/Blurb
ADF#1852.07(Rev.12/09)	Caregiver Dilemma Text/Blurb

Dear Sir/Madam

We enclose for filing electronic copies of the group long-term care advertising materials described below. The material are intended for use with group long-term care policy forms G.LTC197 approved by your Department September 28, 1998, policy form G.LTC1597 approved by your Department September 1, 1998, and policy form GPNP99-LTC approved by your Department February 22, 2000.

The advertising materials are new and do not replace materials previously filed with your Department.

We consider the material Invitation to Inquire advertisement.

This electronic submission includes the following:

- the advertisement
- the NAIC form
- an explanation of variables identifying how the variable material will be modified
- this letter
- See the EFT Transmittal for the \$50.00 filing fee.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely

A handwritten signature in purple ink that reads "Cherise Crittenden".

Cherise Crittenden  
Consultant-Compliance/Mtkg-AD

**Life, Accident & Health, Annuity, Credit Transmittal Document**

Reset Form

<b>1.</b>	<b>Prepared for the State of</b>	<b>ARKANSAS</b>					
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<b>2.</b>	<b>Department Use Only</b>						
	<b>State Tracking ID</b>						

  

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	

  

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Cherise Crittenden Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.6594	203.221.6573	ccrittenden@metlife.com

  

<b>5.</b>	<b>Requested Filing Mode</b>	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
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<b>6.</b>	<b>Company Tracking Number: G10-02</b>						
<b>7.</b>	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #						
<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%; text-align: center;"><b>Group</b></div> <div> <input type="checkbox"/> Small      <input type="checkbox"/> Large      X Small and Large  <input checked="" type="checkbox"/> Employer      <input type="checkbox"/> Association      <input type="checkbox"/> Blanket  <input type="checkbox"/> Discretionary      <input type="checkbox"/> Trust  <input type="checkbox"/> Other: _____         </div> </div>					
<b>9.</b>	<b>Type of Insurance</b>	<b>LTC03G Group Long-Term Care Insurance</b>					
<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	<b>LTC03G.001- Qualified</b>					

11.	Submitted Documents	<input type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other  <input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATES:</b> _____ Please explain:  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	February 21, 2010
13.	Filing Fee (If required)	Amount \$200.00 . _____ Check Date See EFT transaction _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number See EFT transaction _____
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description: GROUP LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S)  PLEASE SEE COVER LETTER	

**View Complete Filing Description**

16.	Certification (If required)	
<b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>ARKANSAS</u>		
Print Name <u>Cherise Crittenden</u>		Title: <u>Consultant-Compliance/Marketing/AD</u>
Original Signature <u><i>Cherise Crittenden</i></u>		<u>February 21, 2010</u>



<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		<b>G10-02</b>
<b>This filing corresponds to rate filing company tracking number</b>		<b>NA</b>

	<b>Document Name</b>	<b>Form Number</b>		<b>Replace Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Helping Hand Admin Text/Blurb	<b>ADF#1849.07(Rev.1 2/09)</b>	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Consequences Admin Text/Blurb	<b>ADF#1850.07(Rev.1 2/09)</b>	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Age 29 or 92 Admin Text/Blurb	<b>ADF#1851.07(Rev.1 2/09)</b>	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	Caregiver Diemma Text/Blurb	<b>ADF#1852.07(Rev.1 2/09)</b>	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

<b>18.</b>		<b>Rate Filing Attachment</b>		
This filing transmittal is part of company tracking number		NA		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	<b>Document Name</b>	<b>Affected Form Numbers</b>		<b>Previous State Filing Number</b>
	<b>Description</b>			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1

## Helping Hand

The possibility of needing long-term care services is something we all face, regardless of age. To some, the decision to ask for help can be just as unpleasant as the prospect of needing care. Long-term care insurance can provide a much needed helping hand to your loved ones: lessening the strain without sacrificing your life savings or control over your care. With MetLife Group Long-Term Care Insurance, you can feel assured that you've taken steps to prepare for whatever uncertainties the future holds. It may be one of the easiest decisions you'll ever face. For more information, please [call 1-800-438-6388](tel:1-800-438-6388) [\[or\] visit us online at \[www.metlife.com/mybenefits\]](http://www.metlife.com/mybenefits) [\[click here for more information\].](#)

Like most group long-term care insurance policies, Metropolitan Life Insurance Company ("MetLife") group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping coverage in force. This coverage is guaranteed renewable. This means that once coverage (a certificate) is issued, its premiums will increase only as a result of an increase made on a class basis. Coverage may not be cancelled due to your individual age or a change in health. Call MetLife at 1-800-438-6388 for cost and complete details. Group Long-Term Care Insurance Policy Form Numbers: G.LTC197, G.LTC1597, GPNP99-LTC or G.LTC5798. In some states, coverage may be offered by an above-referenced policy number followed by a revised edition date; the state's 2-letter abbreviation; and/or the state's 2-letter abbreviation plus a revised edition date. Metropolitan Life Insurance Company, New York, New York 10166.

## Consequences

Americans are living longer lives, but living longer **may** also **mean** there is a greater likelihood of developing a chronic condition that requires assistance with day-to-day activities. Having the financial resources to pay for care is just one of the many challenges you may have to confront. The MetLife **Group** Long-Term Care Insurance Plan can help you prepare for the future, and help protect your family and retirement savings from the consequences of needing long-term care. For more information,

- 1 please **[[call 1-800-438-6388] [or] visit us online at [www.metlife.com/mybenefits]**
- 2 **[click here for more information].]**

Like most group long-term care insurance policies, **Metropolitan Life Insurance Company ("MetLife")** group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping coverage in force. **This coverage is guaranteed renewable. This means that once coverage (a certificate) is issued, its premiums will increase only as a result of an increase made on a class basis.** Coverage may not be cancelled due to your individual age or a change in health. Call MetLife at **1-800-438-6388** for cost and complete details. Group Long-Term Care Insurance Policy Form Numbers: **G.LTC197, G.LTC1597, GPNP99-LTC or G.LTC5798.** In some states, coverage may be offered by an **above-referenced policy number followed by a revised edition date; the state's 2-letter abbreviation; and/or the state's 2-letter abbreviation plus a revised edition date.** Metropolitan Life Insurance Company, New York, New York 10166.

**Age 29 or 92**

Would you expect your friends or family to pay to replace your car if you were in an accident? Probably not, that's why you have car insurance. So why would you expect your loved ones to assume the cost if you needed long-term care services as a result of that accident? Long-term care needs are not covered by medical or disability insurance, and an illness or accident that requires this type of care can happen without warning, whether you're age 29 or 92. Protect yourself and your loved ones from the consequences of possibly needing long-term care services. To [apply for] MetLife's Group Long-Term Care Insurance plan or for more information, please [[call 1-800-438-6388] [or] visit us online at [www.metlife.com/mybenefits] [click here for more information].]

Like most group long-term care insurance policies, Metropolitan Life Insurance Company ("MetLife") group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping coverage in force. This coverage is guaranteed renewable. This means that once coverage (a certificate) is issued, its premiums will increase only as a result of an increase made on a class basis. Coverage may not be cancelled due to your individual age or a change in health. Call MetLife at 1-800-438-6388 for cost and complete details. Group Long-Term Care Insurance Policy Form Numbers: G.LTC197, G.LTC1597, GPNP99-LTC or G.LTC5798. In some states, coverage may be offered by an above-referenced policy number followed by a revised edition date; the state's 2-letter abbreviation; and/or the state's 2-letter abbreviation plus a revised edition date. Metropolitan Life Insurance Company, New York, New York 10166.

## Caregiver Dilemma

Millions of Americans struggle to balance their responsibilities on the job and at home while caring for an adult family member or friend. If you have ever experienced a caregiving situation, either yourself or through someone else, you can appreciate the challenges that present themselves. Having MetLife **Group** Long-Term Care Insurance can make all the difference to you and your caregivers. For more information, please

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2 **[[call 1-800-438-6388] [or] visit us online at [www.metlife.com/mybenefits] [click here for more information].]**

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Metropolitan Life Insurance Company  
NAIC: 241-65978

## **EXPLANATION OF VARIABLE MATERIAL**

### **INVITATION TO INQUIRE**

### **HELPING HAND BLURB**

**FORM NUMBER: ADF#1849.07(Rev.12/09)**

There are two types of variable material set forth in brackets within the enclosed form. These are:

1. Illustrative material; and
2. Specific variable material

### **ILLUSTRATIVE MATERIAL**

Illustrative material consists of entries such as logos, numbers, names, company names, group numbers, phone numbers, street addresses, website addresses, administrative codes and dates which may be varied.

Design (look) of material may vary. For example, photos may be inserted or removed, color scheme may be one, two, three or four-color, and size and format may be adjusted. Design changes will not affect the specific variable material or the text included in the piece.

### **SPECIFIC VARIABLE MATERIAL**

Specific variable material is marked as numerical items within the enclosed form. Specific items marked will be changed only as indicated in the explanations set forth below.

<b><u>SECTION</u></b>	<b><u>ITEM</u></b>	<b><u>EXPLANATION</u></b>
Front of Blurb	1	Item may appear as is, may be omitted or may be revised to show the correct phone number. Call Center hours may be added with the phone number. This is determined on a case by case basis.
	2	Item may appear as is, may be omitted or may be revised to show a company specific website address. A link to the appropriate website, or an electronic presentation may also be added. This is determined on a case by case basis.



Metropolitan Life Insurance Company  
NAIC: 241-65978

## **EXPLANATION OF VARIABLE MATERIAL**

### **INVITATION TO INQUIRE**

### **CONSEQUENCES BLURB**

**FORM NUMBER: ADF#1850.07(Rev.12/09)**

There are two types of variable material set forth in brackets within the enclosed form. These are:

1. Illustrative material; and
2. Specific variable material

### **ILLUSTRATIVE MATERIAL**

Illustrative material consists of entries such as logos, numbers, names, company names, group numbers, phone numbers, street addresses, website addresses, administrative codes and dates which may be varied.

Design (look) of material may vary. For example, photos may be inserted or removed, color scheme may be one, two, three or four-color, and size and format may be adjusted. Design changes will not affect the specific variable material or the text included in the piece.

### **SPECIFIC VARIABLE MATERIAL**

Specific variable material is marked as numerical items within the enclosed form. Specific items marked will be changed only as indicated in the explanations set forth below.

<b><u>SECTION</u></b>	<b><u>ITEM</u></b>	<b><u>EXPLANATION</u></b>
Front of Blurb	1	Item may appear as is, may be omitted or may be revised to show the correct phone number. Call Center hours may be added with the phone number. This is determined on a case by case basis.
	2	Item may appear as is, may be omitted or may be revised to show a company specific website address. A link to the appropriate website, or an electronic presentation may also be added. This is determined on a case by case basis.





Metropolitan Life Insurance Company  
NAIC: 241-65978

## EXPLANATION OF VARIABLE MATERIAL

### INVITATION TO INQUIRE

#### AGE 29 OR 92 BLURB

**FORM NUMBER: ADF#1851.07(Rev.12/09)**

There are two types of variable material set forth in brackets within the enclosed form. These are:

1. Illustrative material; and
2. Specific variable material

#### ILLUSTRATIVE MATERIAL

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#### SPECIFIC VARIABLE MATERIAL

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<b><u>SECTION</u></b>	<b><u>ITEM</u></b>	<b><u>EXPLANATION</u></b>
Front of Blurb	1	Item may appear as is or may be revised to show "enroll in" if guaranteed issue is available.
	2	Item may appear as is, may be omitted or may be revised to show the correct phone number. Call Center hours may be added with the phone number. This is determined on a case by case basis.
	3	Item may appear as is, may be omitted or may be revised to show a company specific website address. A link to the appropriate website, or an electronic presentation may also be added. This is determined on a case by case basis.



Metropolitan Life Insurance Company  
NAIC: 241-65978

## EXPLANATION OF VARIABLE MATERIAL

### INVITATION TO INQUIRE

### CAREGIVER DILEMMA BLURB

**FORM NUMBER: ADF#1852.07(Rev.12/09)**

There are two types of variable material set forth in brackets within the enclosed form. These are:

1. Illustrative material; and
2. Specific variable material

### ILLUSTRATIVE MATERIAL

Illustrative material consists of entries such as logos, numbers, names, company names, group numbers, phone numbers, street addresses, website addresses, administrative codes and dates which may be varied.

Design (look) of material may vary. For example, photos may be inserted or removed, color scheme may be one, two, three or four-color, and size and format may be adjusted. Design changes will not affect the specific variable material or the text included in the piece.

### SPECIFIC VARIABLE MATERIAL

Specific variable material is marked as numerical items within the enclosed form. Specific items marked will be changed only as indicated in the explanations set forth below.

<b><u>SECTION</u></b>	<b><u>ITEM</u></b>	<b><u>EXPLANATION</u></b>
Front of Blurb	1	Item may appear as is, may be omitted or may be revised to show the correct phone number. Call Center hours may be added with the phone number. This is determined on a case by case basis.
	2	Item may appear as is, may be omitted or may be revised to show a company specific website address. A link to the appropriate website, or an electronic presentation may also be added. This is determined on a case by case basis.